

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/830761</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		4		4		4	55						
6		0		0		0	56						
7		0		0		0	57						
8		0		0		0	58						
9		0		0		0	59						
10		0		0		0	60						
11		0		0		0	61						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	12	↓	8	↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			13		9		TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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